

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent	Good	Average	Below Average	Poor	Not Applicable
1. How well did we answer your questions about the proposed transportation project?	5	4	(3)	2	1	<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?	5	4	(3)	2	1	<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?	5	(4)	3	2	1	<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?	(5)	4	3	2	1	<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?	5	(4)	3	2	1	<input type="checkbox"/>

Comments: *I am glad for the Area that the ByPass is to be Realized*  
*ONLY QUESTION - Why Two Checks on EACH LOT*  
*The Final Amount Was The Agreed and Accepted Amount - I think all that's all*

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name:

Phone Number: ( )

DEPT. OF TRANSPORTATION  
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

Project Number: *Conway 11339B* Parcel Number:

MAR 13 2006

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